



**DELAWARE HEALTH
AND SOCIAL SERVICES**
Division of Public Health

APPLICATION FOR/OR RENEWAL OF NON-ALCOHOLIC BEVERAGE PERMIT
(Apple Cider Excepted)

Submit the completed application and required fee of \$57.50 (\$25.00 for in-state bottlers) to the **Division of Public Health, Health Systems Protection, Jesse S. Cooper Bldg., 417 Federal Street, Dover, DE 19901** (302) 744-4546.

PLEASE MAKE CHECKS PAYABLE TO THE DIVISION OF PUBLIC HEALTH.

1. Name of Business: _____

2. Address of Business: _____
Phone Number: _____
3. List all brand names, type container, capacity, flavors of products your company manufactures:

4. List (or attach) distributors and addresses:

5. Attach a copy of the most recent facility inspection by the regulatory authority having jurisdiction in your state.

DATE

SIGNATURE AND TITLE

APPLICANT, DO NOT WRITE BELOW THIS LINE

THIS APPLICATION IS: _____APPROVED _____DISAPPROVED

DATE

MANAGER, FOOD PROTECTION OFFICE

PAID STAMP:

DATE PERMIT ISSUED _____